

LOST/STOLEN ID DATA
CARLISLE BARRACKS POLICE DEPARTMENT
CARLISLE BARRACKS, PA 17013

Authorized ID Card Holder's Name (Last, First, MI)			
ID Card Holder's Social Security Number (Last, First, MI)		ID Card Holder's Rank/Status	
Sponsor's Name (Last, First, MI)		Sponsor's Rank/Status	
ID Card Holder's Home Address (City, State, Zip Code)			
Home or Cell Phone Number			
Organization (If military / government)			
Organization Phone (If military / government)			

REMARKS:

I, _____ have read or have had read to me this statement which begins on this page and ends on this page. I fully understand the contents of the entire statement made by me. The statement is true. I have initialed all corrections and have initialed the bottom of this page containing the statement. I have made this statement freely without hope of benefit or reward, without threat of punishment, and without coercion, unlawful influence, or unlawful inducement.

 (Signature of person making statement)

Subscribed and sworn to before me, a person authorized by Law to administer oaths, this _____ day of _____, 20 _____

 (Signature of Person Administering Oath)

 (Typed/Printed Name of Person Administering Oath)

5 U.S.C. Chapter 3 Section 303b
 (Authority to Administer Oaths)

Date _____ Time _____

DATA REQUIRED BY THE PRIVACY ACT OF 1974

AUTHORITY: Title 5, U.S.C., Section 552a; Title 10, U.S.C., Section 3013; Title 50, U.S.C., Section 797.

PRINCIPLE PURPOSE: The purpose of this form is to assist the Carlisle Barracks Police Department in reissuing and/or recovering lost or stolen U.S. Government identification cards.

ROUTINE USES: Information on this form will be used to reissue identification cards.

DISCLOSURE: Voluntary, however, nondisclosure may preclude access to Carlisle Barracks and its facilities and services.